



APPLICATION FOR LANDSCAPE ARCHITECT RECIPROCAL REGISTRATION

State Form 43741 (R3 / 11-02)

Approved by State Board of Accounts, 2002

**Fee: \$100.00 with CLARB record
\$400.00 without CLARB record**
Attach a 2" x 3" recent photo of applicant.

* Disclosure of your Social Security number is
MANDATORY in accordance with IC 4-1-8-1

INDIANA STATE BOARD OF
REGISTRATION FOR ARCHITECTS
302 West Washington Street, Room EO34
Indianapolis, IN 46204

Application number (office use only)	Name in full	Social Security number *
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BUSINESS ADDRESS:

Name of firm	Telephone number ()
Address (number and street, city, state, ZIP code)	

RESIDENCE ADDRESS:

Address (number and street, city, state, ZIP code)	Telephone number ()

ADDRESS FOR CORRESPONDENCE: <input type="checkbox"/> Residence <input type="checkbox"/> Business	Citizenship <input type="checkbox"/> Birth <input type="checkbox"/> Naturalized	Birthdate	Place
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I hereby apply for Landscape Architect licensure by the following method:

Duration of residency in state (years, months):

<input type="checkbox"/> By Reciprocal Registration with CLARB .	CLARB certificate number	State of registration	Number
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☐ By Reciprocal Registration without **CLARB**.

A. EDUCATIONAL BACKGROUND

File number	Name in full
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PREPARATORY SCHOOLS, HIGH SCHOOLS	DATES OF ATTENDANCE (From-To)	GRADES COMPLETE
COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS	DATES OF ATTENDANCE (From-To)	GRADES COMPLETE

TRAVEL, CONTINUING EDUCATION, RESEARCH, PUBLICATIONS

B. PROFESSIONAL ORGANIZATION SERVICE

NAME OF ORGANIZATION, NAME OF SECRETARY, ADDRESS

C. PRACTICAL EXPERIENCE

FULL NAME AND COMPLETE CURRENT ADDRESS OF EMPLOYER <i>(Begin with first, include military and other.)</i>	DATES OF EMPLOYMENT		TOTAL TIME EMPLOYED		CHECK APPROPRIATE EXPERIENCES					
	GIVE MONTH AND YEAR	PART- TIME *	FULL TIME	General Practice	of Landscape Arch.	Teaching	Research	Public Service	Other - explain **	
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							
	From	Yrs.	Yrs.							
	To	Mos.	Mos.							

* If part-time work is noted, state average number of hours per week.

** If "other" kinds of work are noted, describe.

D. PUBLIC AND COMMUNITY SERVICE

File number

Name in full

E. LANDSCAPE ARCHITECT REFERENCES

NAME THREE LANDSCAPE ARCHITECTS WHO ARE PERSONALLY ACQUAINTED WITH YOUR PROFESSIONAL ABILITIES. GIVE COMPLETE ADDRESSES.

Name

Address (number and street, city, state, ZIP code)

Name

Address (number and street, city, state, ZIP code)

Address (number and street, city, state, ZIP code)

F. PLEASE COMPLETE THE FOLLOWING SECTIONS AND RETURN TO US.

Name of applicant _____

- a. Have you ever been denied registration? ☐ Yes ☐ No
- b. Has your license ever been suspended or revoked? ☐ Yes ☐ No
- c. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened? ☐ Yes ☐ No
- d. Has a court or registration board ever found that you have violated the law in the conduct of your architectural practice or that you have engaged in conduct involving the wanton disregard for the rights of others? ☐ Yes ☐ No
- e. Have you entered into a consent or other agreement with any registration board in connection with disciplinary action? ☐ Yes ☐ No

If you have answered yes to any of the above questions, provide dates and details of the situation in the space below *(include the result of any appeals)***G. AFFIDAVIT AND NOTARIZATION**

The applicant acknowledges that the Indiana Professional Licensing Agency will compile and evaluate a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required by us.

The applicant acknowledges that any statements provided will be available to the applicant. The applicant hereby authorizes the IPLA to transmit the applicant's record and all other pertinent information obtained in the course of its investigation to Architectural Registration Boards of States, Provincial Registrars or other political subdivisions registering architects.

In consideration of the services to be rendered by the IPLA, the applicant hereby releases, discharges and exonerates the Indiana Professional Licensing Agency, its officers, directors and agents from any and all liability or every nature and kind arising out of the transmission of information concerning the application.

The undersigned, being duly sworn, upon oath deposes and says that he / she is the person making the foregoing statements, and that they are made in good faith and are true in every respect.

Signature of applicant _____

Date (month, day, year) _____

STATE / PROVINCE OR COUNTRY OF: _____

COUNTY OF: _____

Subscribed and sworn by the deponent _____

before me, at _____

on _____ day of _____, 20 _____.

By _____

NOTARY
SEAL

